

Name  
in  
Full

James Albert Barton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

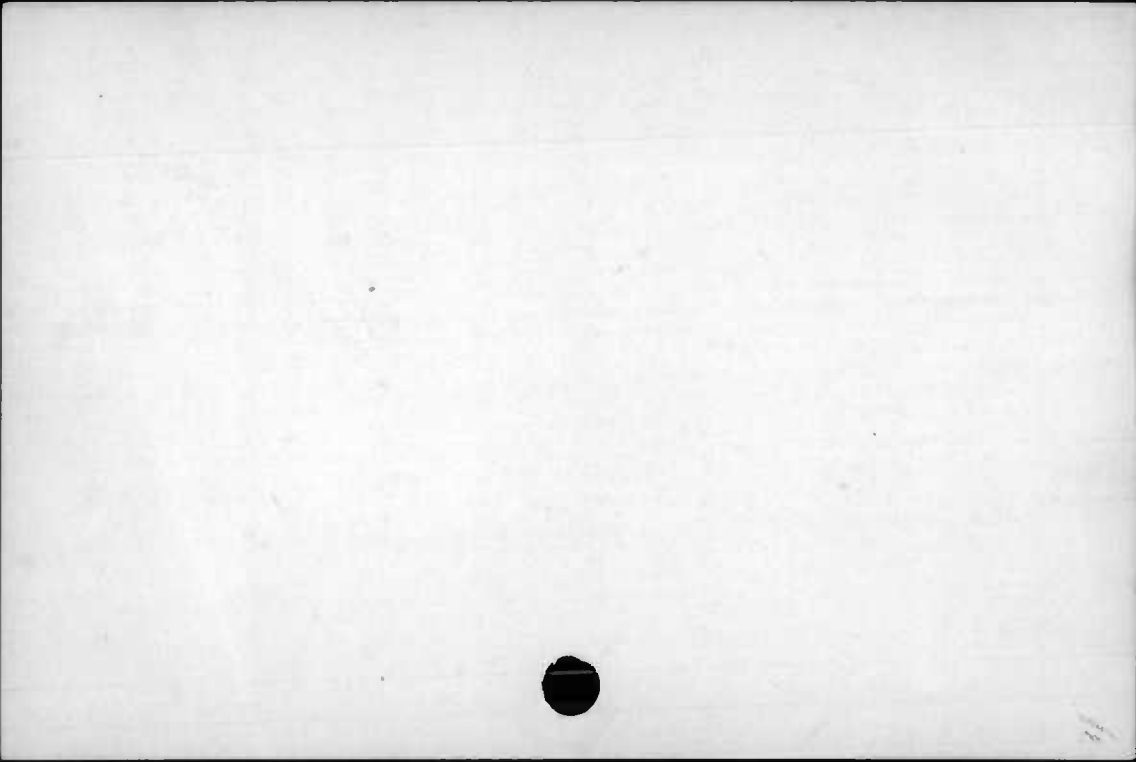
Died at <i>Rock Point</i>		Town		<i>Charles county</i>		County		MARYLAND	
Date of death <i>1507</i>		Month <i>August</i>		Day <i>19</i>		Years <i>80</i>		Months <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Charles County</i>		Days <i>19</i>			
Occupation <i>Plateman</i>				Where Residing if not at place of death <i>Charles County</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Barton</i>							
Father's Name <i>John F. Barton</i>				Father's Birthplace <i>Charles County</i>					
Mother's Maiden Name <i>Mary G. Lorne</i>				Mother's Birthplace <i>Charles County</i>					
Name of person giving information <i>Mary Barton</i>				How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary <i>Accidental Drowning</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Higdon</i>	
		Address <i>Bay side Md.</i>	
Accident or Suicide? <i>Accident</i>			



Name  
in  
Full

Eliza Boardley

CERTIFICATE OF DEATH

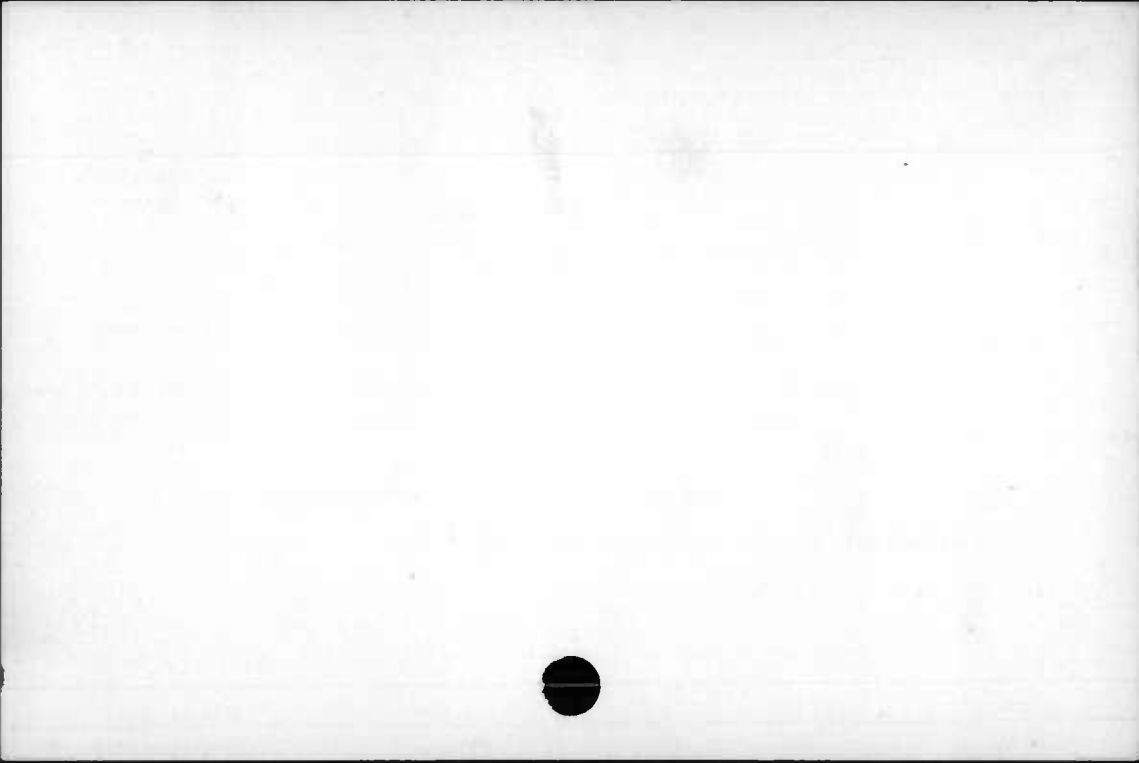
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gaithersburg</i> Town <i>Charles</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>31</i>	Age <i>23</i>
Sex <i>Female</i>	Color or Race <i>Coccol</i>	Birth-place <i>Wid</i>	
Occupation <i>wife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John Boardley</i>		
Father's Name <i>Stephen Hawkins</i>	Father's Birthplace <i>Wid</i>		
Mother's Maiden Name <i>Olivia Mankie</i>	Mother's Birthplace <i>Wid</i>		
Name of person giving information <i>Stephen Hawkins</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis</i>	<i>(27)</i>	How long <i>18 mos.</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. B. Woodward</i>	
	Address <i>Prigutman, Md</i>	
Accident or Suicide?		



Name  
in  
Full

Clara Elizabeth Burgess Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at La Plata Town Charles County

Date of death 190 8 Month 28 Day Age 2 Years Months Days

Sex Female Color or Race Birth-place

Married, Single or Widowed S Occupation none

Name of Wife or Husband

Father's Name S. F. Bowie Father's Birthplace md

Mother's Maiden Name Lillian Murray Mother's Birthplace md

Name of person giving information H. C. Bowie How related to deceased Cousin

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary Cholera Infantum How long For 1 week

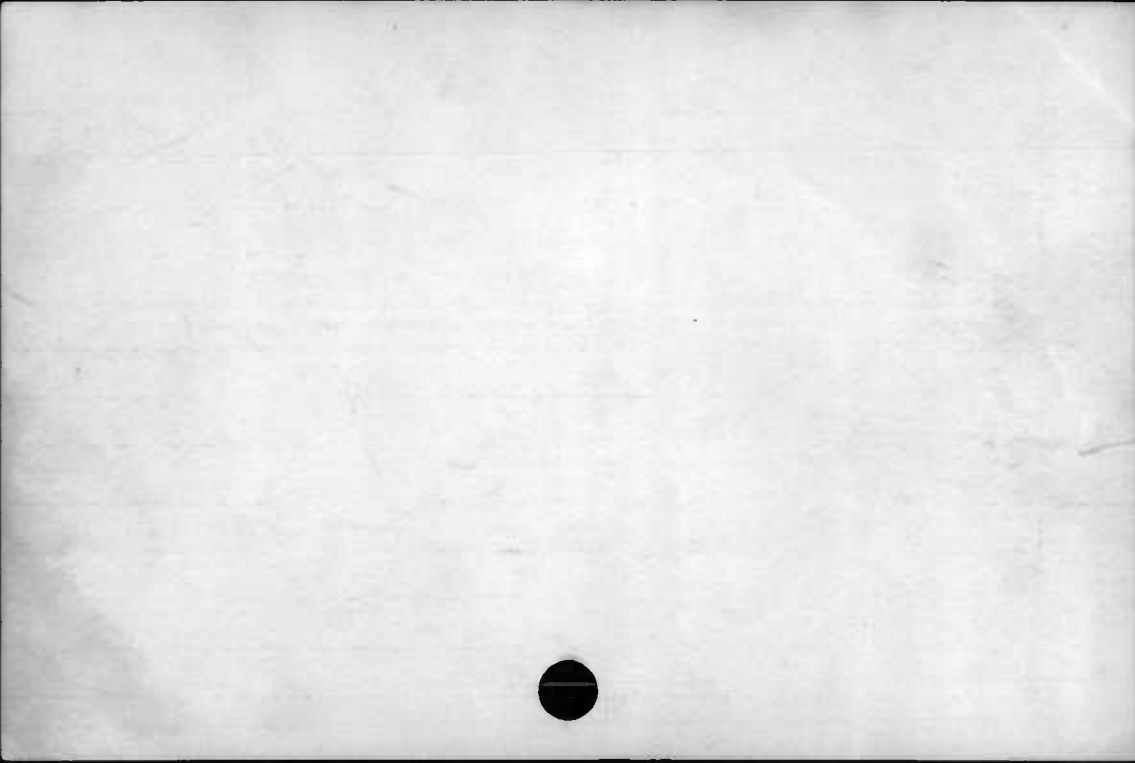
Immediate Aschemia How long One week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Saml. L. Hammon

Address La Plata

Accident or Suicide? md.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

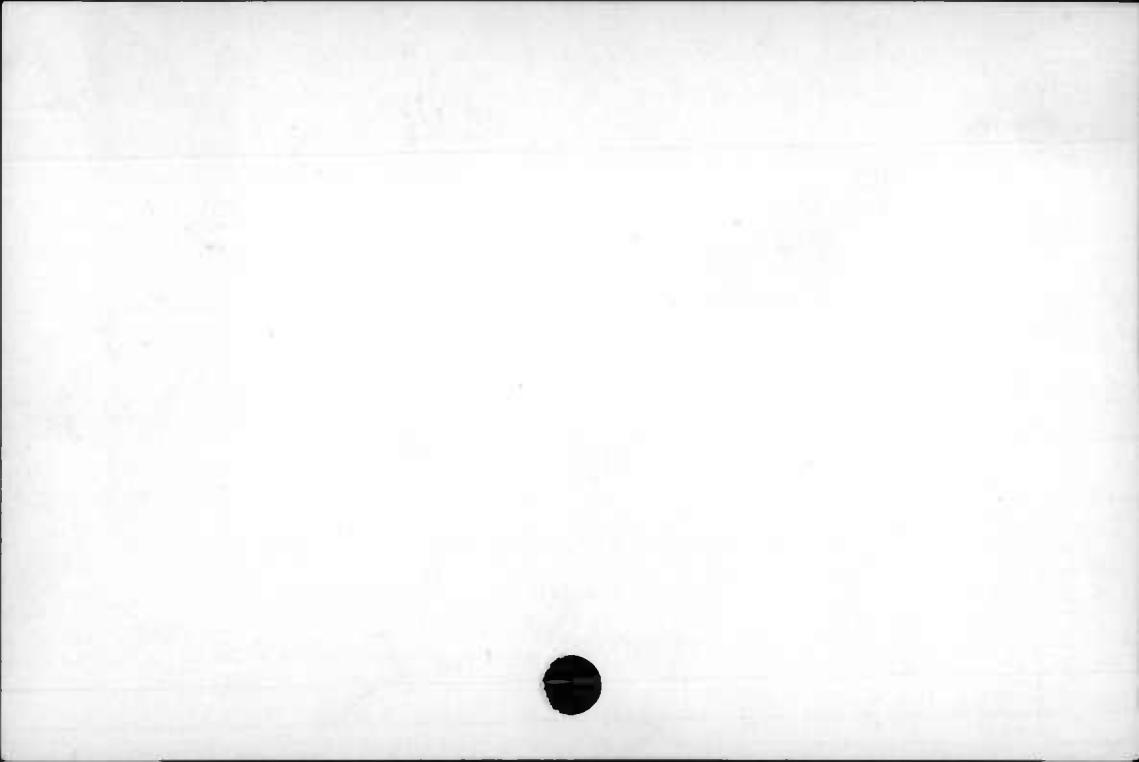
Name in Full <i>Margaret Brawner</i>		Town <i>La Plata</i>		County <i>Charles</i>		MARYLAND	
Died at <i>La Plata</i>		Month <i>Aug</i>		Day <i>25</i>		Years <i>78</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>		Age <i>78</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Joseph Brawner</i>					
Father's Name <i>Samuel Brawns</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Sophy</i>		Mother's Birthplace <i>Charles Co</i>					
Name of person giving information <i>Sarah Hill</i>		How related to deceased <i>Sayle</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>several years</i>
Immediate <i>Acute Indigestion - heart failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos S Owen M.D.</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>no</i>	<i>Dr. Owen</i>





Name  
in  
Full

204

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Winfrey M. Brook

Town Port Tobacco County Charles

Died at

Date of death 1907 Aug 9<sup>th</sup> Age — Years — Months 6 Days —

Sex Female Color or Race colored Birth-place Washington, D.C.

Occupation — Where Residing if not at place of death Washington D.C.

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Wm. J. Brook Father's Birthplace Charles Co., Md

Mother's Maiden Name Lucy A. Winfrey Mother's Birthplace Virginia

Name of person giving information George Brook How related to deceased uncle

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary Cholera Infantum How long 24 hours

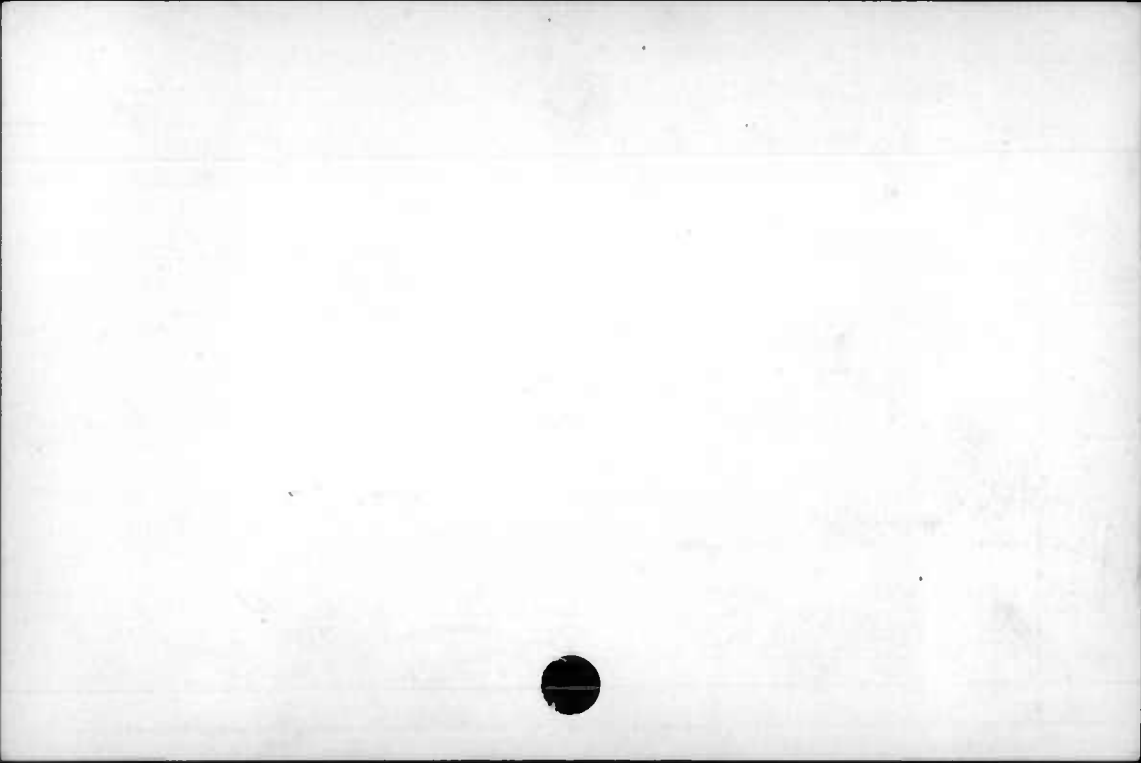
Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Thos. S. Owen M.D.

Address La Plata

Accident or Suicide? No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

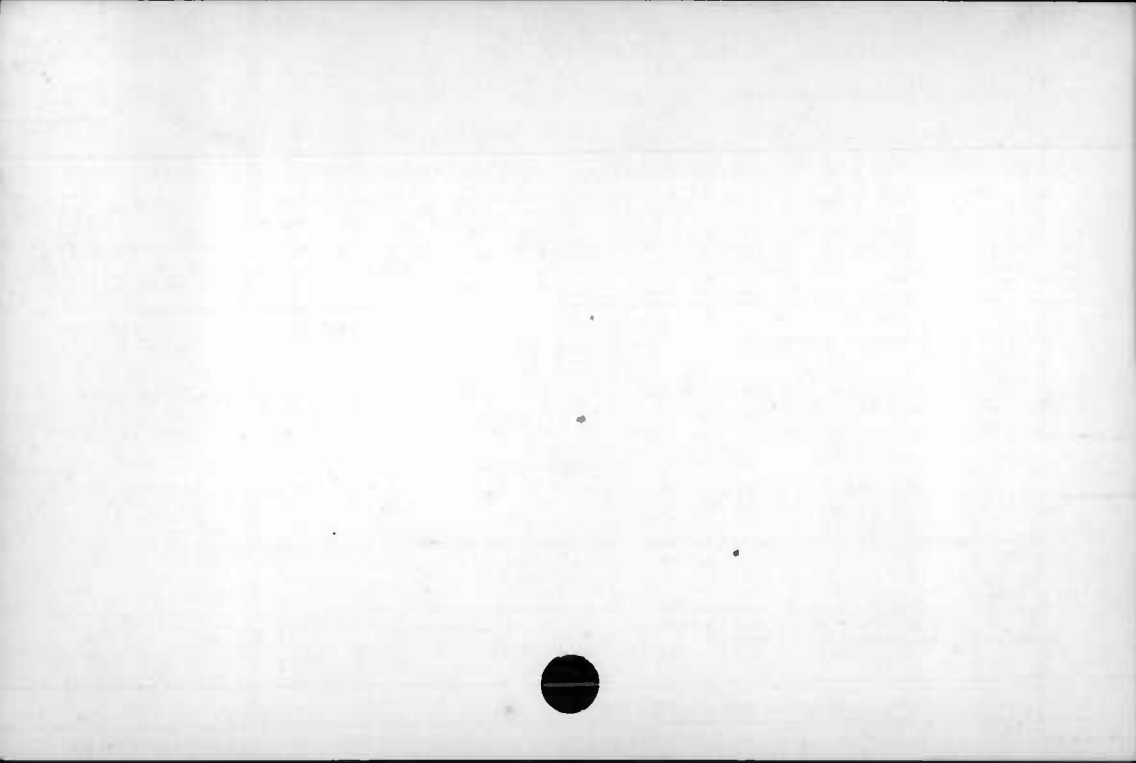
Name in Full <b>William Butler</b>		Town <b>Cross Roads</b>		County <b>Charles</b>		State <b>MARYLAND</b>	
Died at <b>Cross Roads</b>		Month <b>August</b>		Day <b>2</b>		Age <b>6</b>	
Date of death <b>1907</b>		Month <b>August</b>		Day <b>2</b>		Years <b>6</b>	
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Ind</b>		Days	
Occupation <b>-</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>-</b>		Name of Wife or Husband					
Father's Name <b>William Butler</b>		Father's Birthplace <b>Ind</b>					
Mother's Maiden Name <b>Mamie Jackson</b>		Mother's Birthplace <b>Ind</b>					
Name of person giving information <b>William Butler</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <b>cholera or Pneumonia</b>		How long <b>6 days</b>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>James M. Wheeler</b>	
		Address <b>Sub-Registration</b>	
Accident or Suicide? <b>-</b>			



Name  
in  
Full

Hathline Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

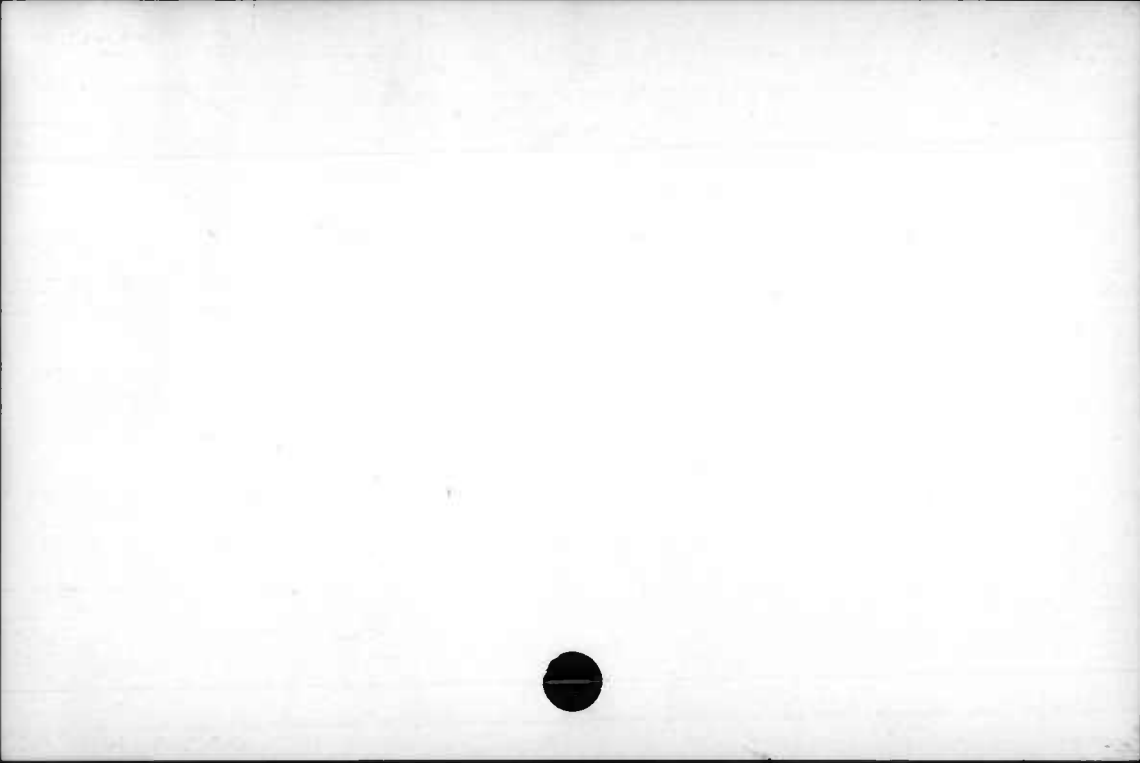
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	22			2	
Sex	Female		Color or Race	Colored		Birth-place	Char Lee
Occupation	<del>House</del> nurse		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Hemrick Knott					Father's Birthplace	Charles
Mother's Maiden Name	Mary Carter					Mother's Birthplace	Charles
Name of person giving information	Hemrick Knott					How related to deceased	Father

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Stomach Trouble	How long	10 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. S. Galis	
		Address	
		S. B. Reg	
Accident or Suicide?			



Name  
in  
Full

Osburn Chealey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

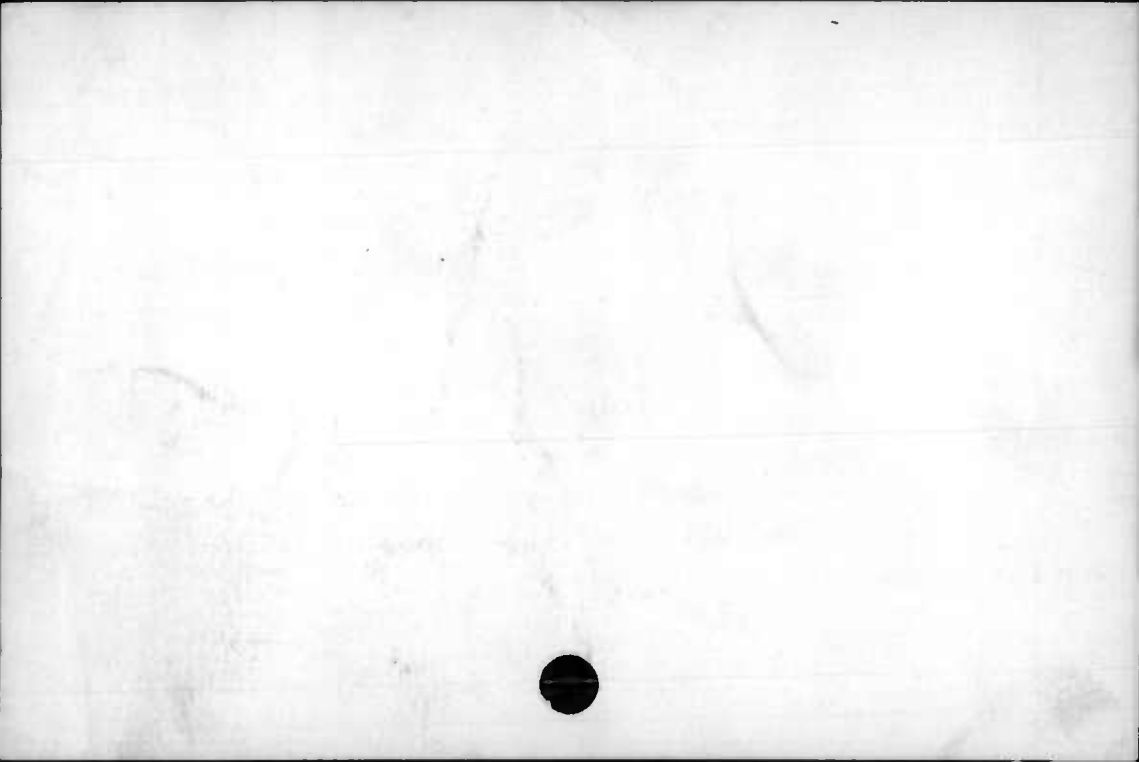
Died at <i>near La Plata</i>		Town <i>La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907 Aug.</i>		Month <i>Aug.</i>		Day <i>29<sup>th</sup></i>		Years <i>Age about 84</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>		Months <i></i> Days <i></i>	
Occupation <i>farmer</i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ann Brown Hankins</i>					
Father's Name <i>James Chealey</i>		Father's Birthplace <i>Charles Co</i>		Mother's Name <i>not known</i>		Mother's Birthplace <i>not known</i>	
Name of person giving information <i>Osburn Chealey Jr</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <i>Infirmities due to old age</i>		How long <i>6 months</i>	
Immediate <i>Chronic diarrhoea - exhaustion</i>		How long <i>4 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. S. Owen M.D.</i>	
		Address <i>La Plata</i>	
Accident or Suicide? <i>no</i>		<i>Ind</i>	





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Wilcome* Town*Ches* CountyDate  
of death *1907*Month  
*8*Day  
*24*Age  
*65* Years

Months

Days

Sex  
*Male*Color or  
Race*Black*Birth-  
place*Ches B<sup>d</sup> Md*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Sarah Cooper*Father's  
Name*Cooper*Father's  
Birthplace*Ches B<sup>d</sup> Md*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*Unknown*Name of person giving  
In formation*Joseph Manikins*How related  
to deceased*Step Son*

## CAUSES OF DEATH

47

Primary

*Rheumatism & Heart*

How long

*1 yr*

Immediate

*Stroke*

How long

*2 weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*None attending*

Address

*W. F. Brown*

Accident or Suicide?

*Sub Reg*

W. F. Brawer

Melrose

44

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

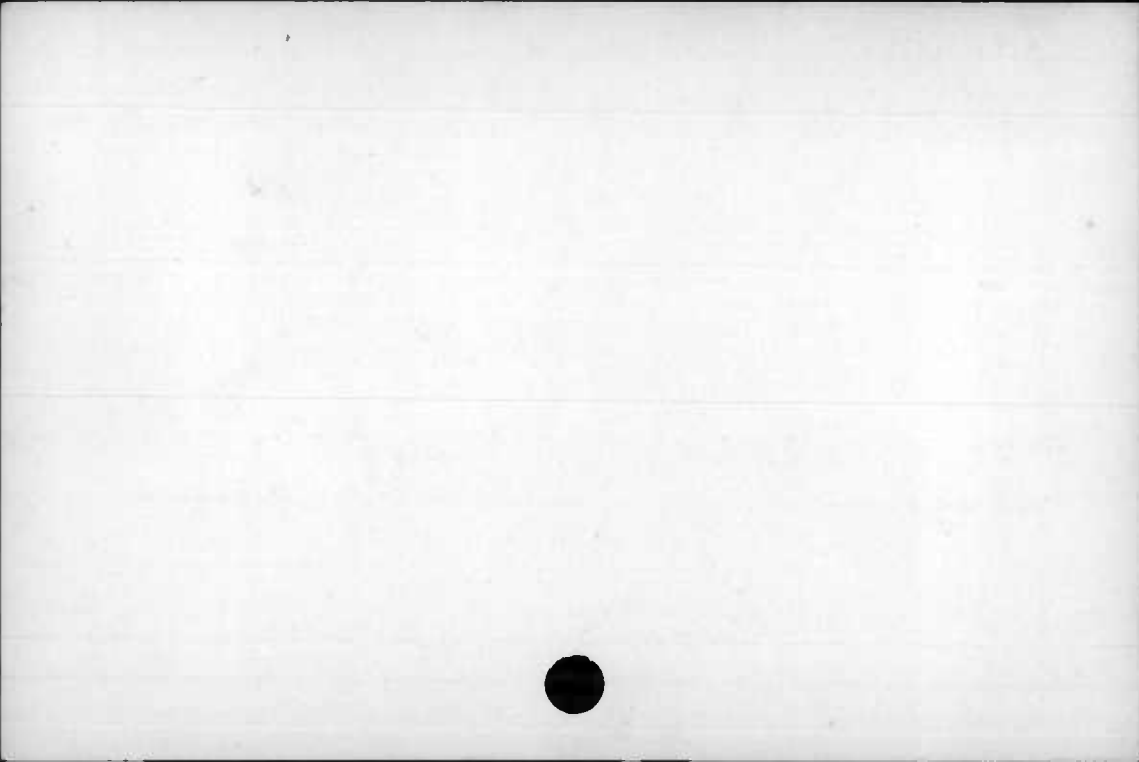
Died at <i>Cross Roads</i>		County <i>Charles</i>		MARYLAND	
Date of death	1907	Month	August	Day	19
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Cross Roads, Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>William COT</i>		
Mother's Maiden Name			<i>Emma Adams</i>		
Name of person giving information			<i>William COT</i>		
Father's Birthplace			<i>Md</i>		
Mother's Birthplace			<i>Md</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 or 3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>James M. Wheeler</i>	
		Address	
		<i>Sub-Registrar</i>	
		<i>Grayton Md</i>	
Accident or Suicide?			



Name  
in  
Full

Jessie Forbes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near La Plata</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>10<sup>th</sup></i>	Age <i>6 yrs</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>			Name of Wife or Husband				
Father's Name <i>John Forbes</i>			Father's Birthplace <i>Charles Co</i>				
Mother's Maiden Name <i>Lulu Watts</i>			Mother's Birthplace <i>Charles Co</i>				
Name of person giving information <i>James Forbes</i>			How related to deceased <i>Grandfather</i>				

## CAUSES OF DEATH

11

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>two weeks</i>
Immediate <i>General sepsis-exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen M.D.</i>
	Address <i>La Plata, Md</i>
Accident or Suicide? <i>no</i>	



Mr Hampton Bay  
La Plata chas. Geo.

ind

Name  
in  
Full

## CERTIFICATE OF DEATH

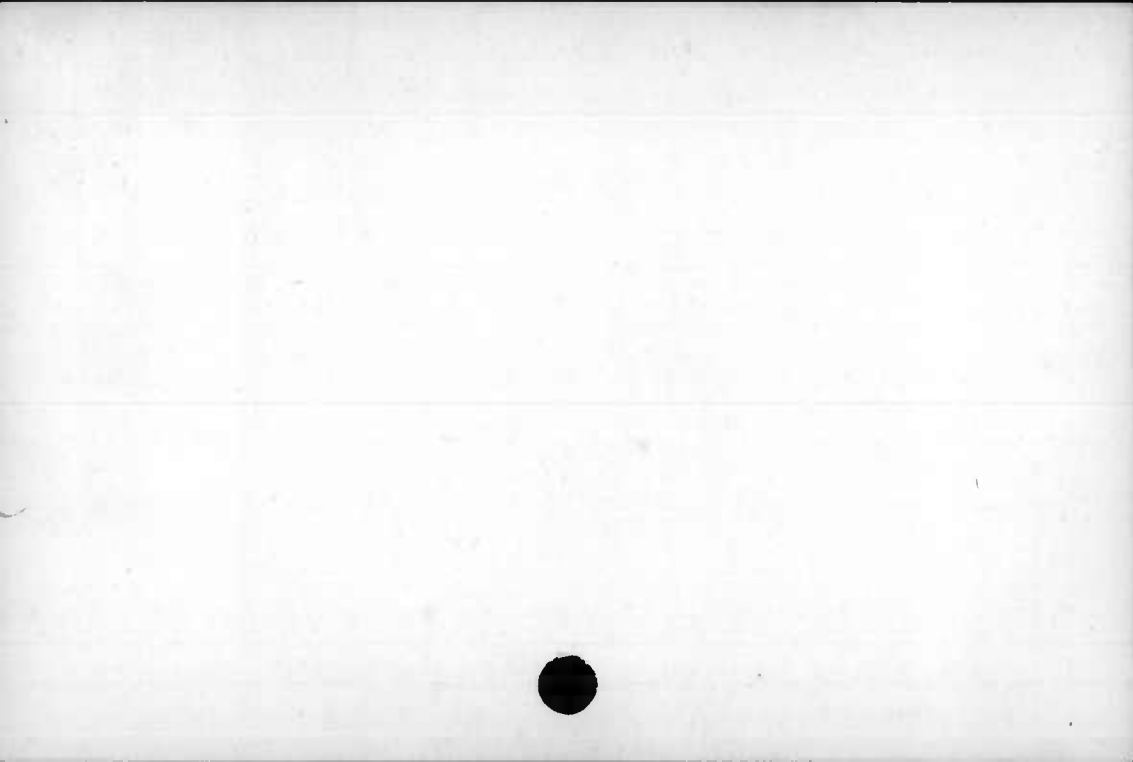
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Maryle French</i>		Town <i>Wanfemenoy</i>		County <i>Charles</i>		MARYLAND									
Died at		Date of death <i>1907</i>		Month <i>August</i>		Day <i>23</i>		Age <i>2</i>		Years <i>5</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Wanfemenoy, Md</i>											
Occupation				Where Residing if not at place of death											
Married, Single or Widowed				Name of Wife or Husband											
Father's Name <i>Henry French</i>				Father's Birthplace <i>Md</i>											
Mother's Maiden Name <i>Alice French</i>				Mother's Birthplace <i>Md</i>											
Name of person giving information <i>William Ross</i>				How related to deceased <i>Wife</i>											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cold</i>		(87)		How long <i>5 or 6 days</i>	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James M. L. Sheelen</i>			
		Address <i>Sub-Registrar</i>			
Accident or Suicide? <i>No</i>		Grayton <i>Md</i>			





Name  
in  
Full

Thomas Gordon

CERTIFICATE OF DEATH

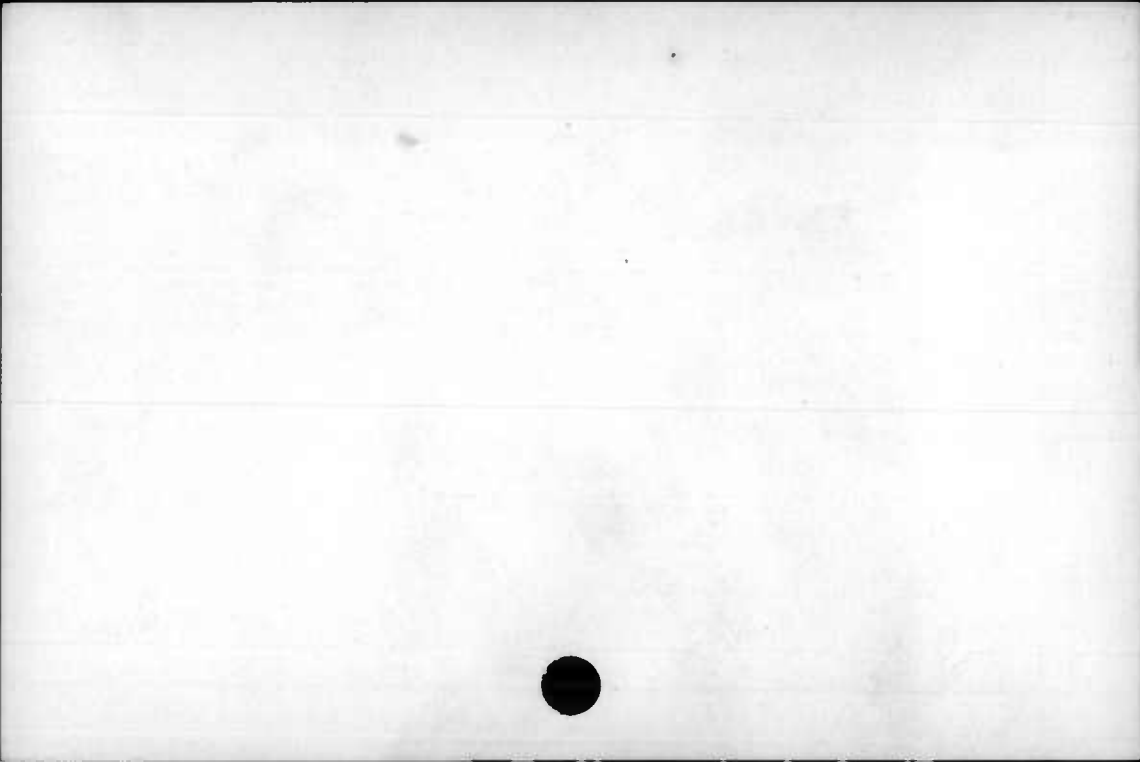
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Laplaton</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Aug</i>	Day	<i>5</i>
Age		<i>60</i>		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Shoe Maker</i>		Where Residing if not at place of death <i>He Home</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Maryann M. Gordon</i>			
Father's Name	<i>James Gordon</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Bridget Doyle</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving information <i>John C. Gordon</i>				How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Struck by a car on the</i>	How long	<i>(166)</i>
Immediate	<i>P.B. &amp; W. R.R.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Henry B. Robertson, J.D.</i>	
Address		<i>1000 Carver</i>	
Accident or Suicide?		<i>Accident</i>	
		<i>Laplaton Md</i>	



Name  
in  
Full

noname still Born Gray

CERTIFICATE OF DEATH

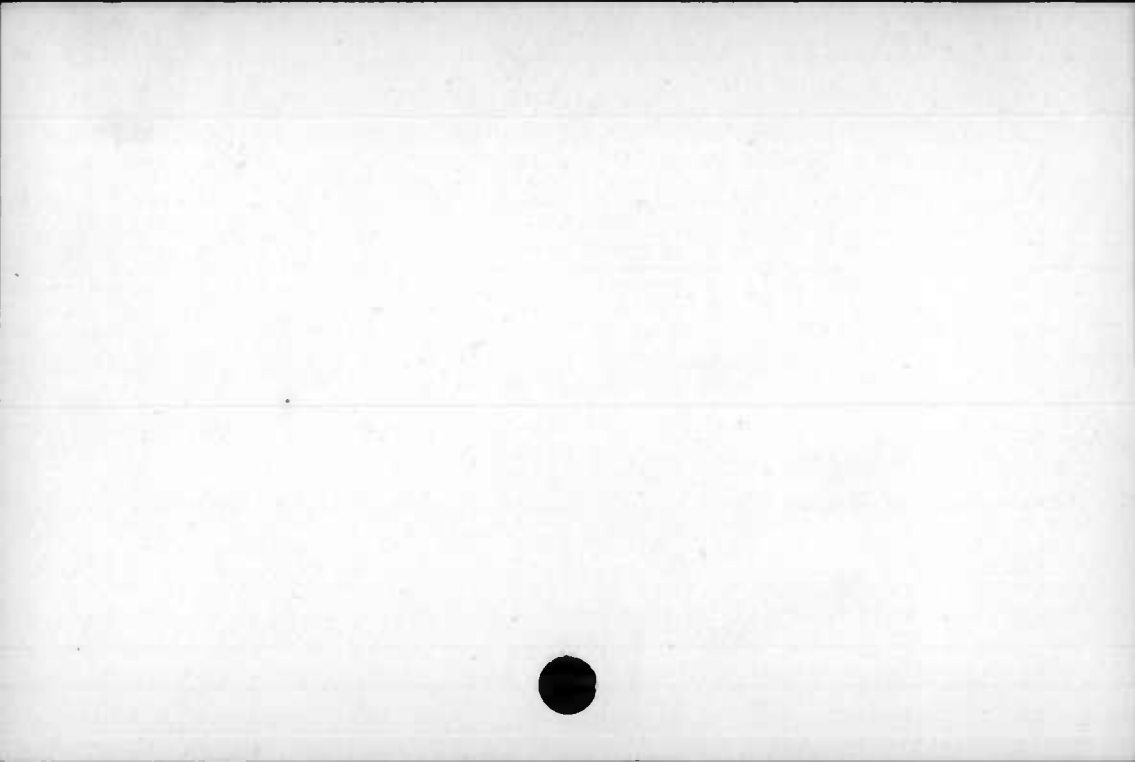
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marbury</i> Town		<i>Charles</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charco Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Singled</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Samuel A Gray</i>		<i>(S)</i>		Father's Birthplace <i>Charco Md.</i>	
Mother's Maiden Name <i>Chariet A Swann</i>				Mother's Birthplace <i>Charco Md</i>	
Name of person giving information <i>Samuel A Gray</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>(S)</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>no Physician in attendance</i>
<i>Chas. D Carpenter</i>		Address <i>Pisgah Md</i>
Accident or Suicide?		



Name  
in  
Full

William Hall

## CERTIFICATE OF DEATH

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NEAREST FRIEND

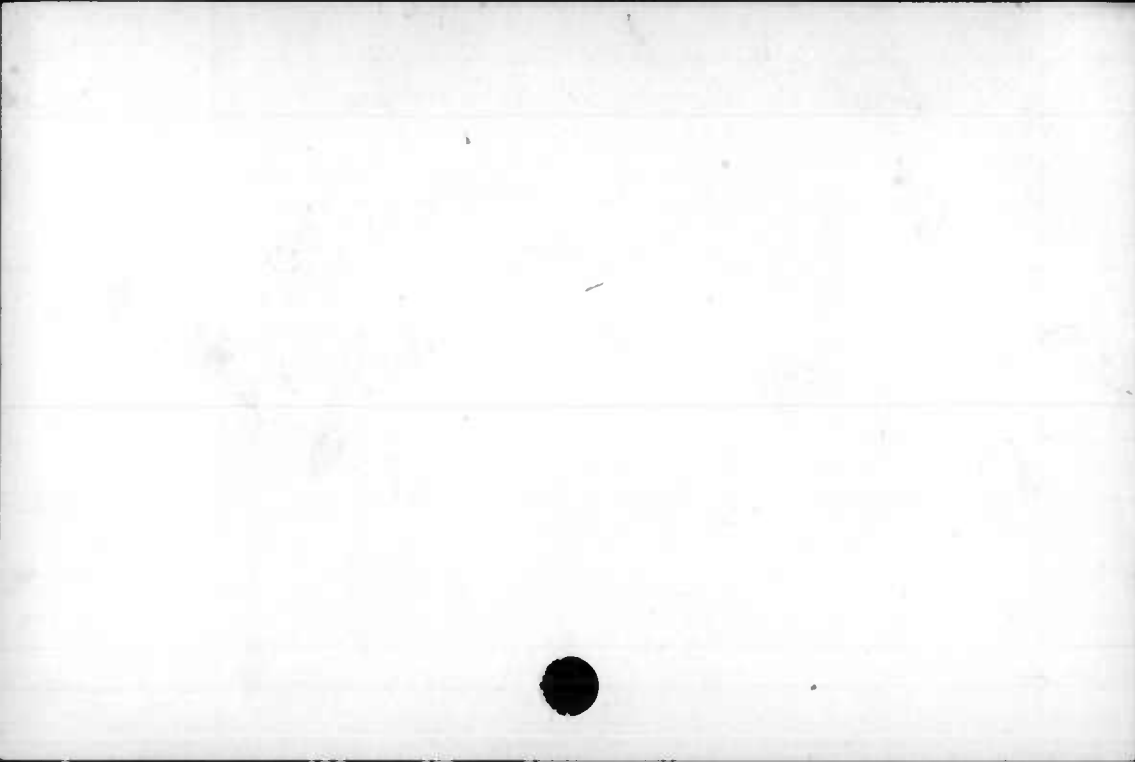
Died at <i>near La Plata</i>		Town <i>Charles</i>		County <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>9th</i>	Age <i>25</i>	Years	Months
Sex <i>male</i>	Color or Race <i>coloured</i>		Birth-place <i>Charles Co.</i>		
Occupation <i>laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jane Hall</i>				
Father's Name <i>Samt Lamon</i>	Father's Birthplace <i>Charles Co.</i>		Mother's Birthplace <i>Charles Co.</i>		
Mother's Maiden Name <i>Sophia Hall</i>	Name of person giving information <i>C. M. Berry</i>		How related to deceased <i>none</i>		

## CAUSES OF DEATH

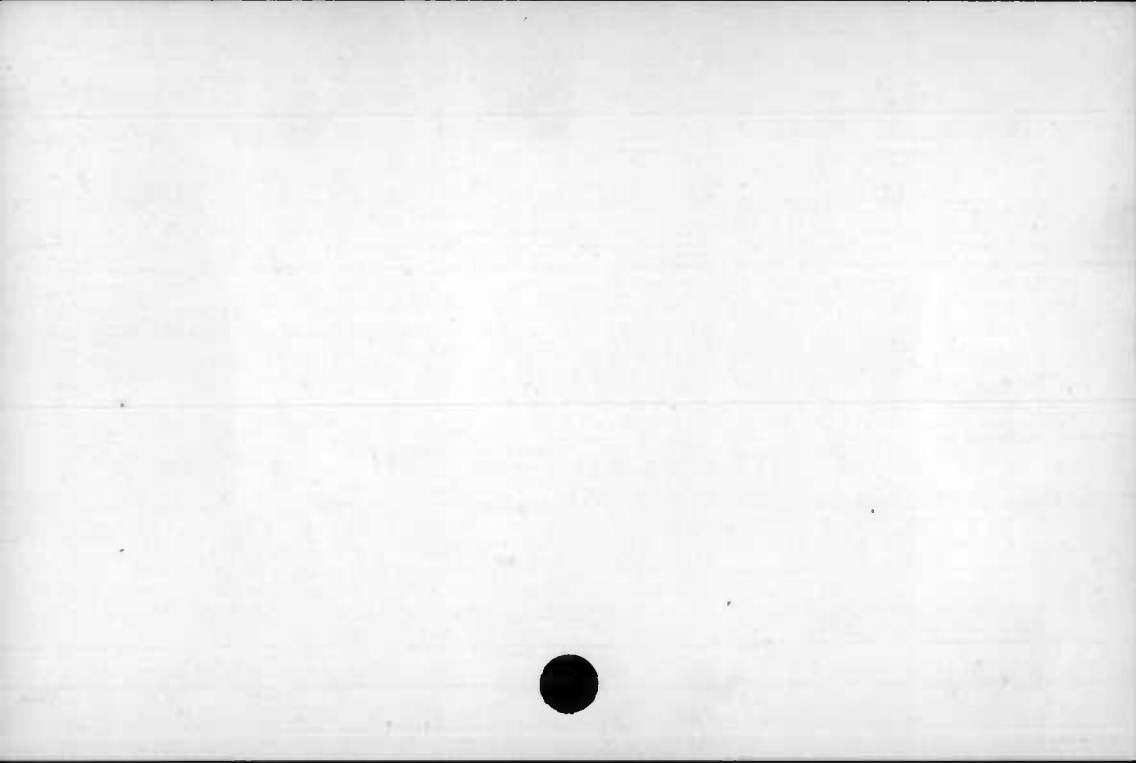
①

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Acute Nephritis - Convulsions</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Quinn</i>
	Address <i>La Plata Md</i>
Accident or Suicide? <i>No</i>	



Name in Full		Thomas Harvey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Fackrum	County Charles		MARYLAND	
	Date of death	1907	Month Aug	Day 27	Age Years	24	Months Days
	Sex	Male		Color or Race	African		Birth- place
	Occupation	Laborer		Where Residing if not at place of death		Charles Co	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Ezra David Harvey				Father's Birthplace	North Carolina
	Mother's Maiden Name	Nellie Thomas				Mother's Birthplace	Charles Co
Name of person giving information	James F. Brown				How related to deceased	1 <sup>st</sup> Cousin	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">63</div>							
PHYSICIAN OR CORONER	Primary	Amyotrophic Lateral Sclerosis				How long	2 years
	Immediate	Cerebral				How long	2 months
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					1312 1/2 1st St Fackrum		
Accident or Suicide?							





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Phillip, Jennifer  
Newport

Town

County

Ches

MARYLAND

Date

of death

1907

Month

Aug

Day

28

Age

Years

70

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

St. Marys

Occupation

Harmer

Where Residing if not  
at place of deathMarried, ~~Single~~  
~~Widowed~~Name of Wife or  
HusbandFather's  
Name

Jos. Jennifer

Father's  
Birthplace

St. Marys Co

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Wm Jennifer

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Old age

How long

6 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

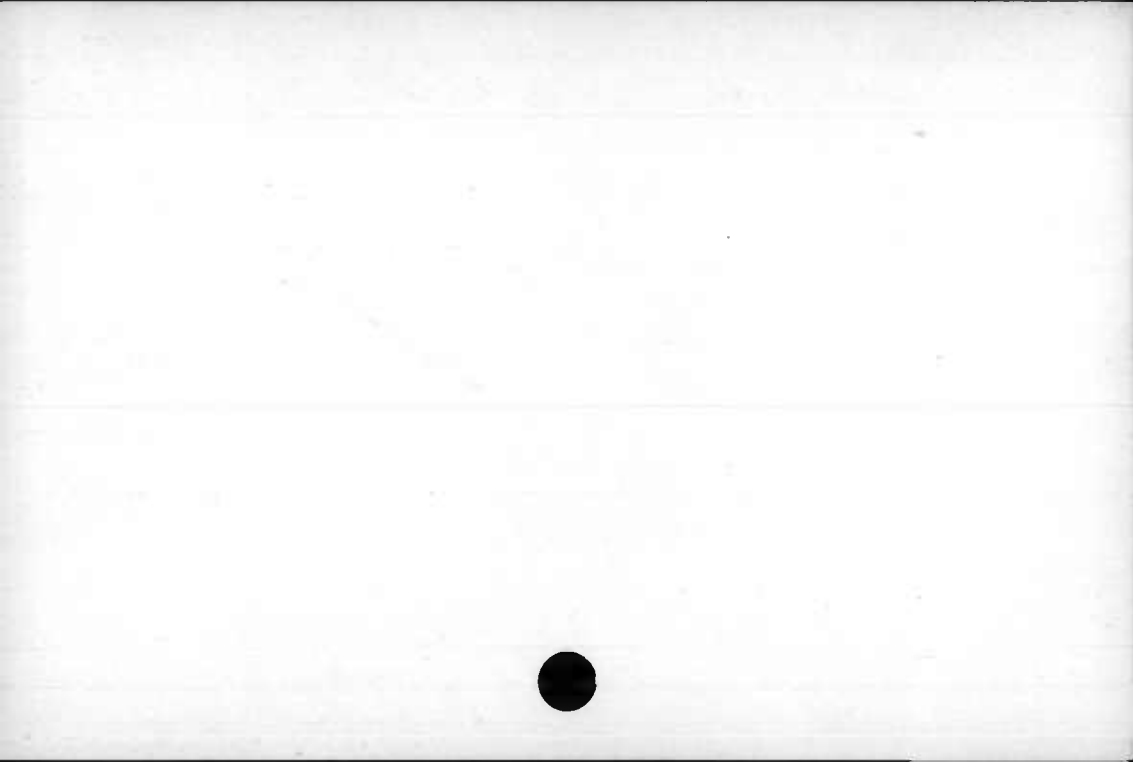
Signature of  
Physician

Address

W. S. Yabie  
Wicomico Md  
Sub-Rig

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Emerline Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>River Side</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	August	Day	2
Sex	Female	Color or Race	Black	Years	Age 47
Occupation	House work	Birth-place	Charles Co. Md.	Months	Days
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Wesley Johnson		
Father's Name	William Carroll		Father's Birthplace	Charles Co. Md.	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Steven Lawson		How related to deceased	None	

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary	<i>Menigeitis of the Brain</i>	How long	<i>8 or 10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Willis M. O'Phelan</i>
		Address	<i>Sub-Registrar Dayton, Ohio</i>
Accident or Suicide?	<i>no</i>		



Name  
in  
Full

James Marshall

## CERTIFICATE OF DEATH

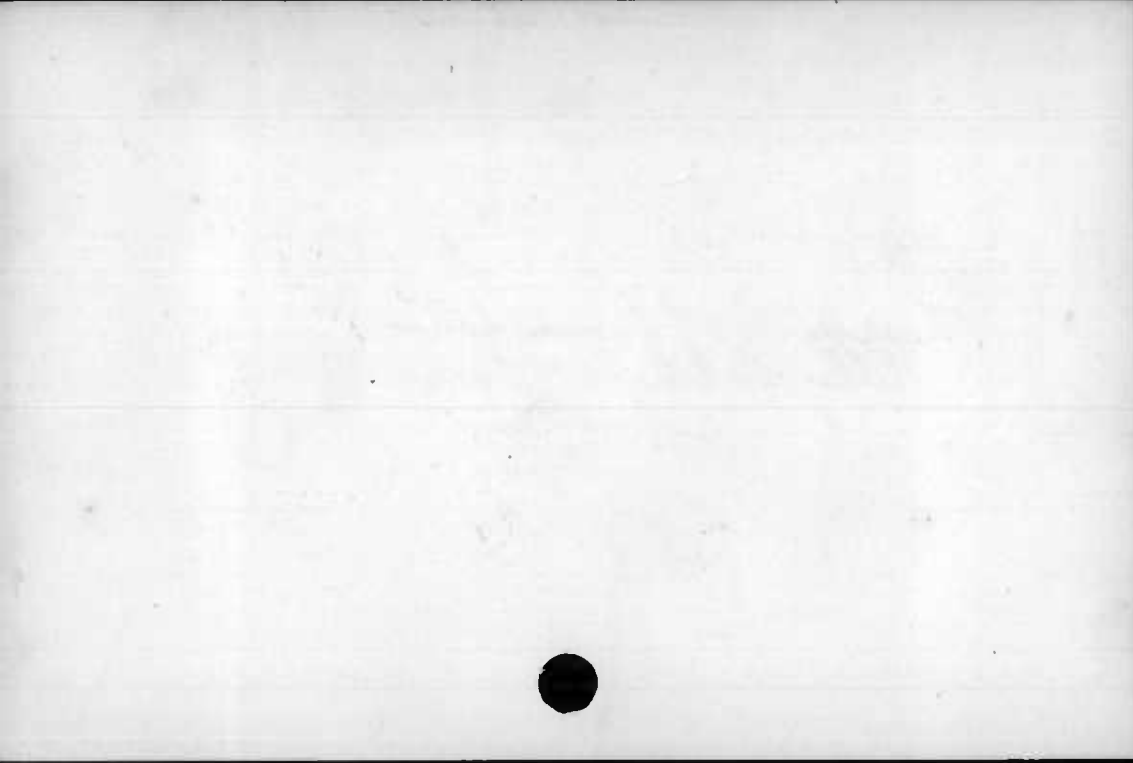
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bri Alton		County Baltimore		MARYLAND	
Date of death		1907	Month Aug	Day 4	Age Years	Months 2	Days
Sex Male		Color or Race Caucasian		Birth- place Charleston			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Joe Marshall				Father's Birthplace Charleston			
Mother's Maiden Name Mary Butler				Mother's Birthplace Charleston			
Name of person giving information Mary A. May				How related to deceased None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enteritis	How long	1 week
Immediate	Asphyxia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. Spencer	
		Address Bri Alton	
		Mick	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Mrs Laura Middleton

Town

County

MARYLAND

Died at

Mar Wadswell

Wharves

Date

of death

1907

Month

August

Day

4

Age

Years

36

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

West-Va

Occupation

Housewife

Where Residing if not  
at place of death

at home

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

J. A. Middleton

Father's  
Name

George Hoffmaster

Father's  
Birthplace

W. Va.

Mother's  
Maiden Name

Elizabeth Hoffmaster

Mother's  
Birthplace

W. Va.

Name of person giving  
Information

A. Middleton

How related  
to deceased

Brother in Law

## CAUSES OF DEATH

Primary

Tuberculosis

27

How long

Two Years

Immediate

Exhaustion

How long

Short while

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

G. O. Thomas

Address

Wadswell

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

John Henry Mills

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Faulkner</i> <sup>Town</sup>		County <i>Charles</i>		MARYLAND	
Date of death	1907	Month	8	Day	25
Age		Years		Months	10
Sex	Male		Color or Race	African	
Birth-place	Charles Co.				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	Bernard Mills			Father's Birthplace	Charles Co.
Mother's Maiden Name	Marie Smothers			Mother's Birthplace	Charles Co.
Name of person giving information	Bernard Mills			How related to deceased	Father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera infantum</i>	How long	10 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Peter H. Roby Justice of the Peace	
		Address	
		Bel Air	
Accident or Suicide?		M d	



Name  
in  
Full

Milstead, Still Born Milstead

## CERTIFICATE OF DEATH

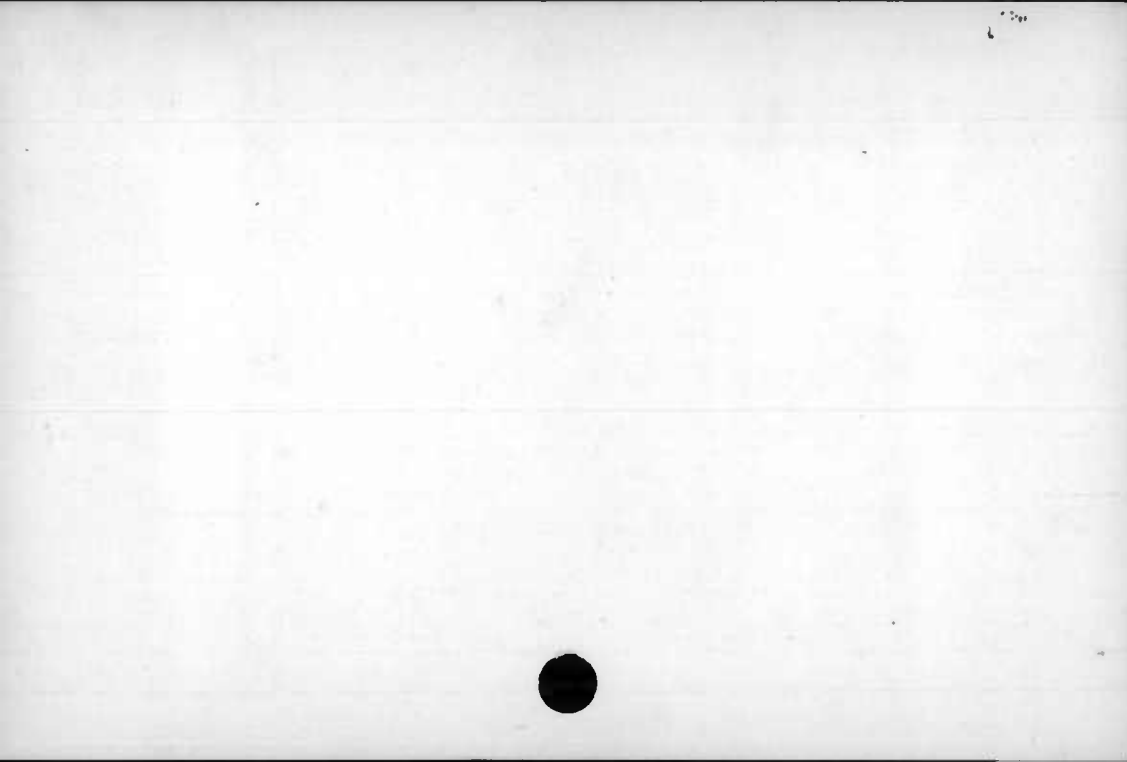
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Manfemoy</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>August</i>	Day	<i>24</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place	<i>Manfemoy, Mo</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Dealer Milstead</i>		Father's Birthplace <i>Charles, Co. Ind</i>			
Mother's Maiden Name <i>Annier Butler</i>		Mother's Birthplace <i>= 3 Ind</i>			
Name of person giving information <i>Dealer Milstead</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long	<i>(S)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James M. Wheeler</i>	
		Address <i>Sub-Registrar</i>	
Accident or Suicide? <i>(S)</i>		<i>Grayton Ind</i>	



Name  
in  
Full

Lulie Monkster-

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

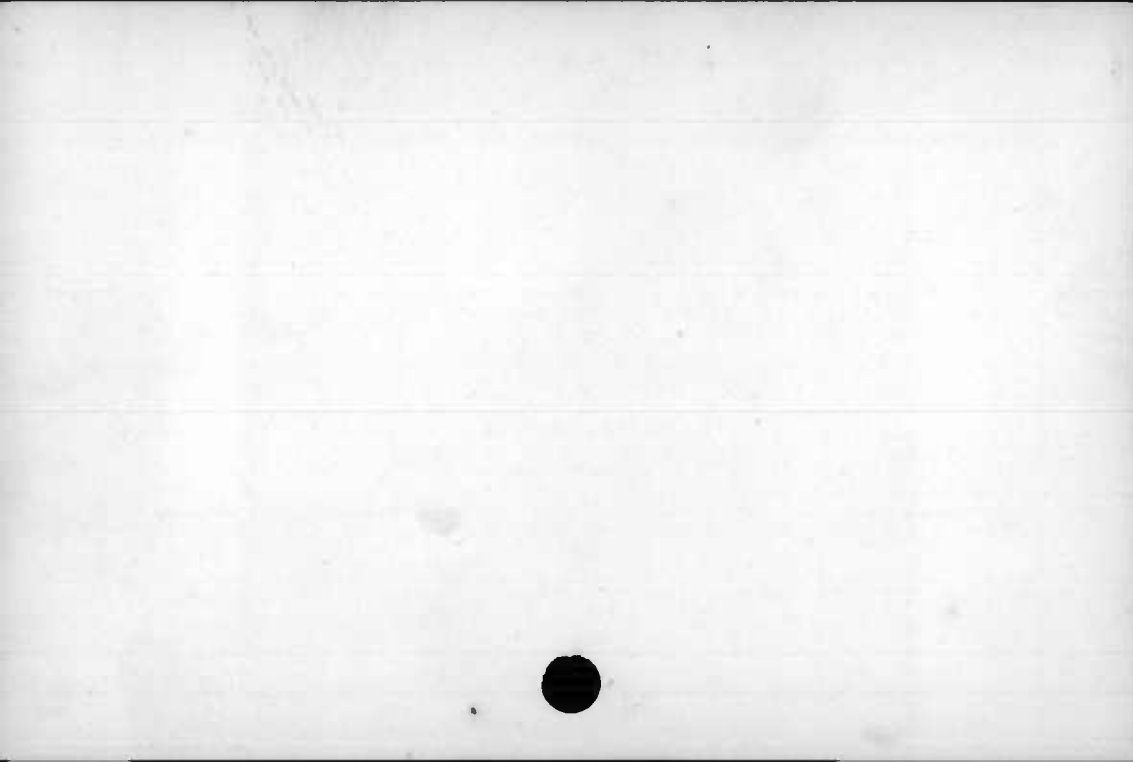
Died at <i>Wanfermoy</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	190 <i>7</i>	Month <i>August</i>	Day <i>23</i>	Age	Years <i>1</i> Months <i>13</i> Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Wanfermoy, Md</i>		
Occupation <i>( )</i>			Where Residing if not at place of death <i>( )</i>		
Married, Single or Widowed <i>( )</i>		Name of Wife or Husband <i>( )</i>			
Father's Name <i>James Monkster</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Carrie Tolson</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Steven Larson</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James M. Wheeler</i>	
		Address <i>Sub-Registrar</i>	
Accident or Suicide? <i>( )</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

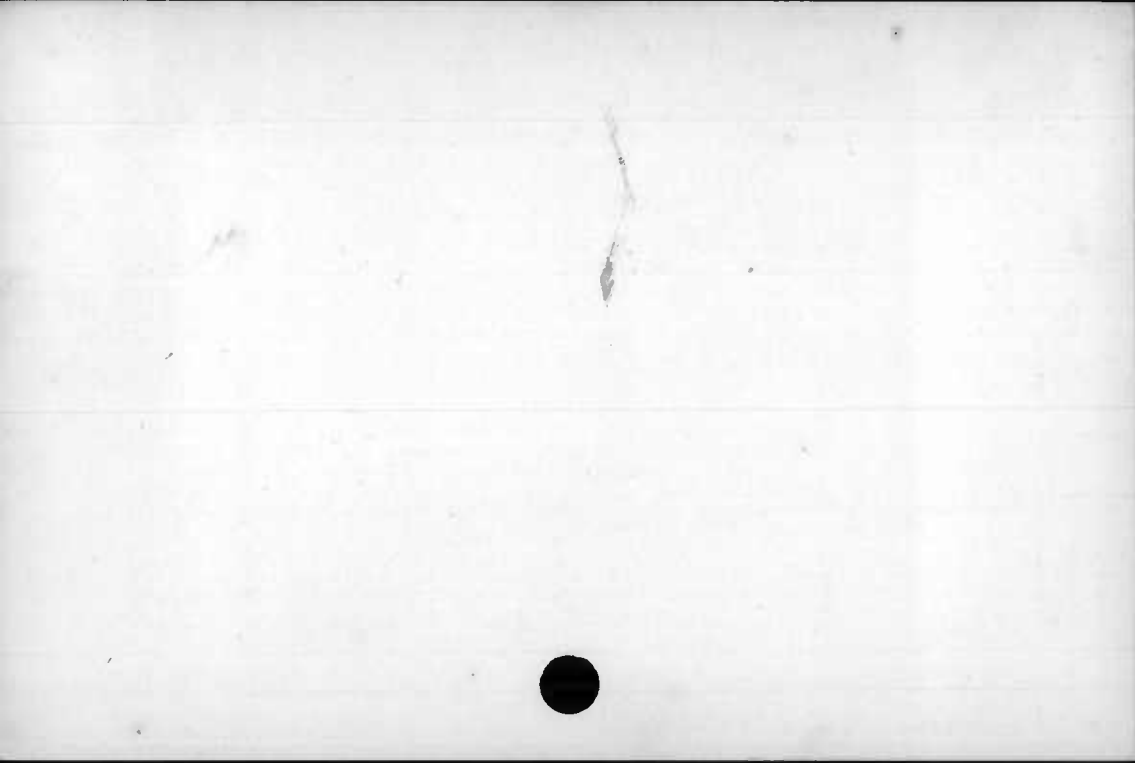
Name in Full <i>Nellie Dorrice Posey</i>		Town <i>Iron Side</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Iron Side</i>		Date of death <i>1907</i>		Month <i>August</i>		Day <i>7</i>	
Age <i>2</i>		Years <i>15</i>		Months <i>15</i>		Days <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Lubert Posey</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Priscilla Bowie</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Henry Bowie</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Stomach trouble</i>		How long <i>5 to 6 days</i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James M. Wheeler</i>	
		Address <i>Sub-Registrar</i>	
Accident or Suicide? <i></i>		Grayton <i>Ind</i>	





Name  
in  
Full

Oscar Cumilis Proctor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

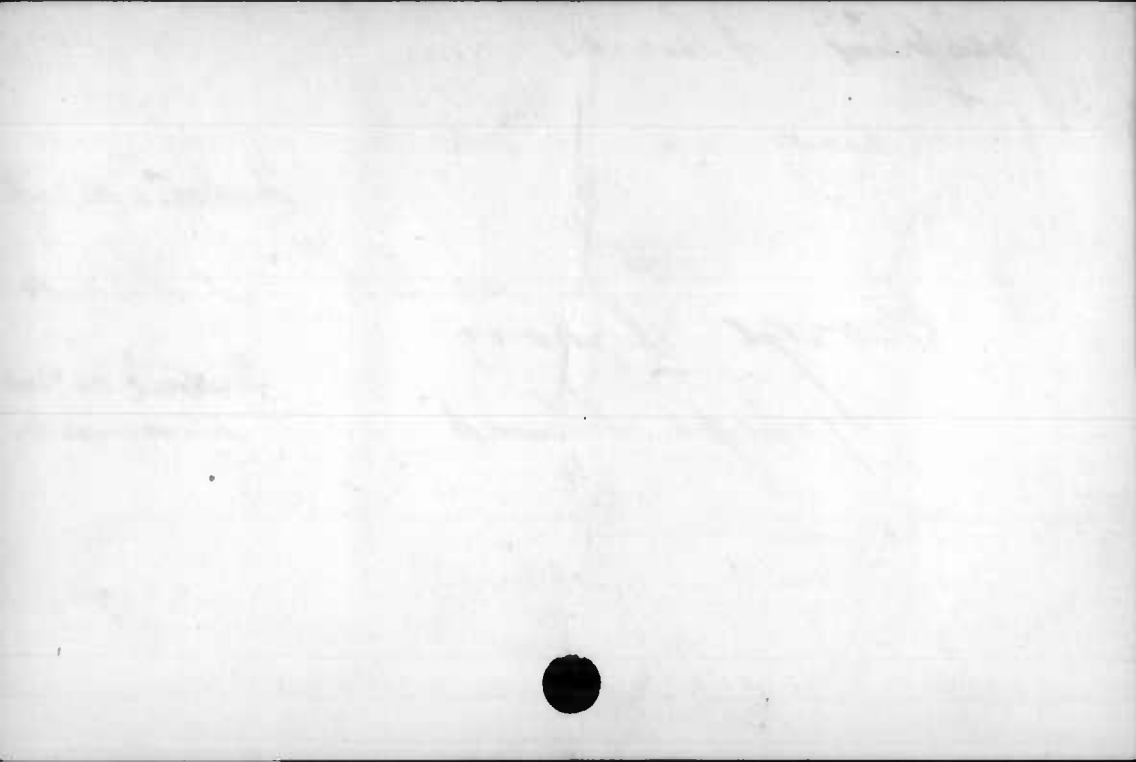
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		May	29				31
Sex	Male	Color or Race	Mixed	Colored	Birth-place	Charles Co	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Oscar Cumilis Proctor				Father's Birthplace	Charles Co	
Mother's Maiden Name	Carrie Butler				Mother's Birthplace	Charles Co	
Name of person giving information	Oscar C. Proctor				How related to deceased	Father	

## CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary	Infectious Navel	How long	3 days
Immediate	Tetanus	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. H. H. H.
		Address	Butt Avenue
			MD
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Newburg</u> <sup>Town</sup>		<u>Charles</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Aug	Day	24
Age		30		Years	
Sex		Female		Color or Race	Colored
Birth-place		Federicksburg			
Occupation		Housework		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		George Green		Father's Birthplace	
Mother's Maiden Name		Unknown		Mother's Birthplace	
Name of person giving information		Joseph Shunk		How related to deceased	
				Husband	

## CAUSES OF DEATH

27

How long

Primary Phthisis Pulmonaris

Immediate

Pulmonary hemorrhage

Are the name, age, sex, color, date and place correctly given above?

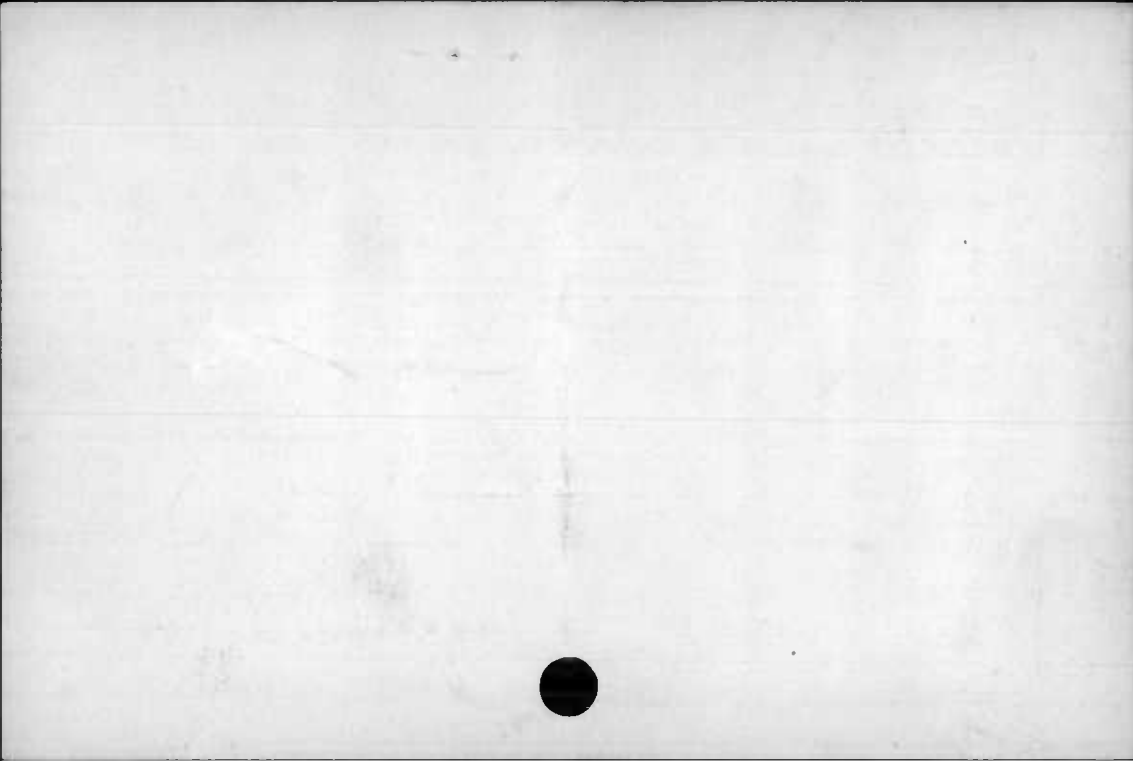
Yes

Signature of Physician

Address

Reeder Jough, M.D.  
Newburg  
Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *James Shorter*  
Died at *Mon. Waldorf* TownCounty *Chesapeake*

MARYLAND

Date of death *1907* Month *August* Day *9*Age *67* Years

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Maryland*Occupation *Housewife*

Where Residing if not at place of death

*At home*Married, Single or Widowed *Married*

Name of Wife or Husband

*William Shorter*Father's Name *B. Kimbo*Father's Birthplace *Ind*Mother's Maiden Name *C. Kimbo*Mother's Birthplace *Ind*Name of person giving information *B. Shorter*How related to deceased *Son*

## CAUSES OF DEATH

120

Primary

*Bright's disease, kidneys,  
Exhaustion*

How long

*Two days*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

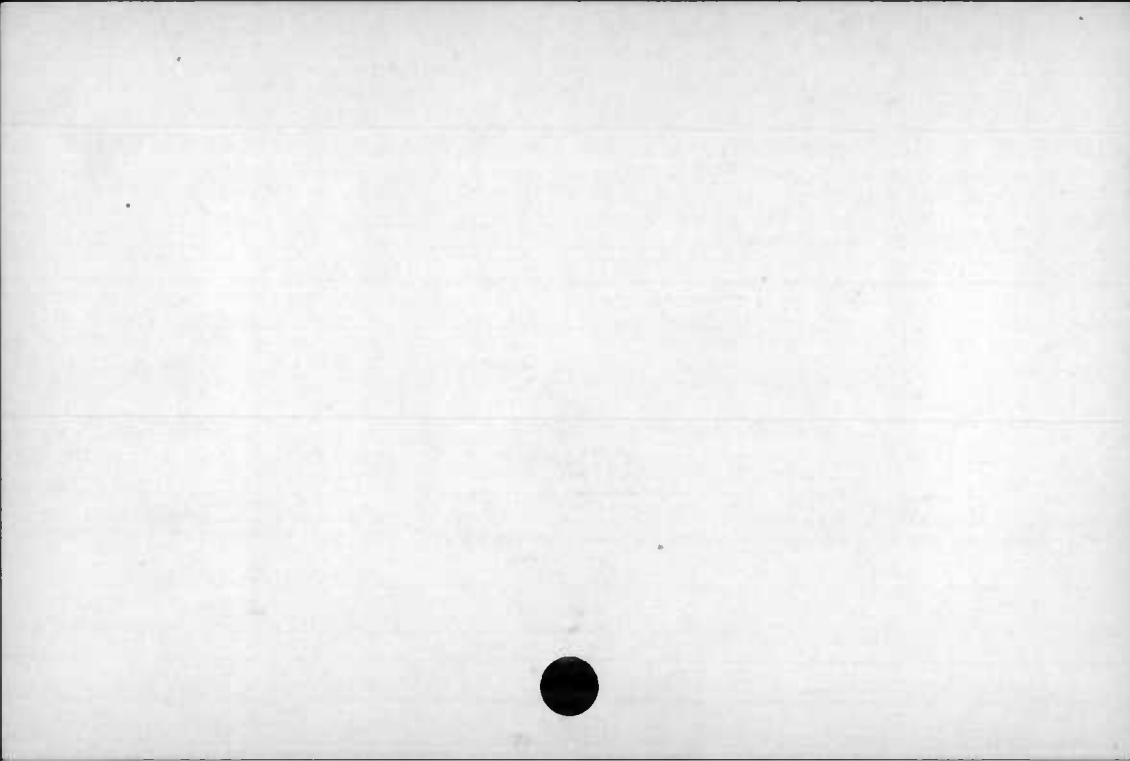
*Yes*

Signature of Physician

Address

*G. C. Morrison  
Waldorf  
Ind*

Accident or Suicide?



Name  
in  
Full

Leanda Smallwood

## CERTIFICATE OF DEATH

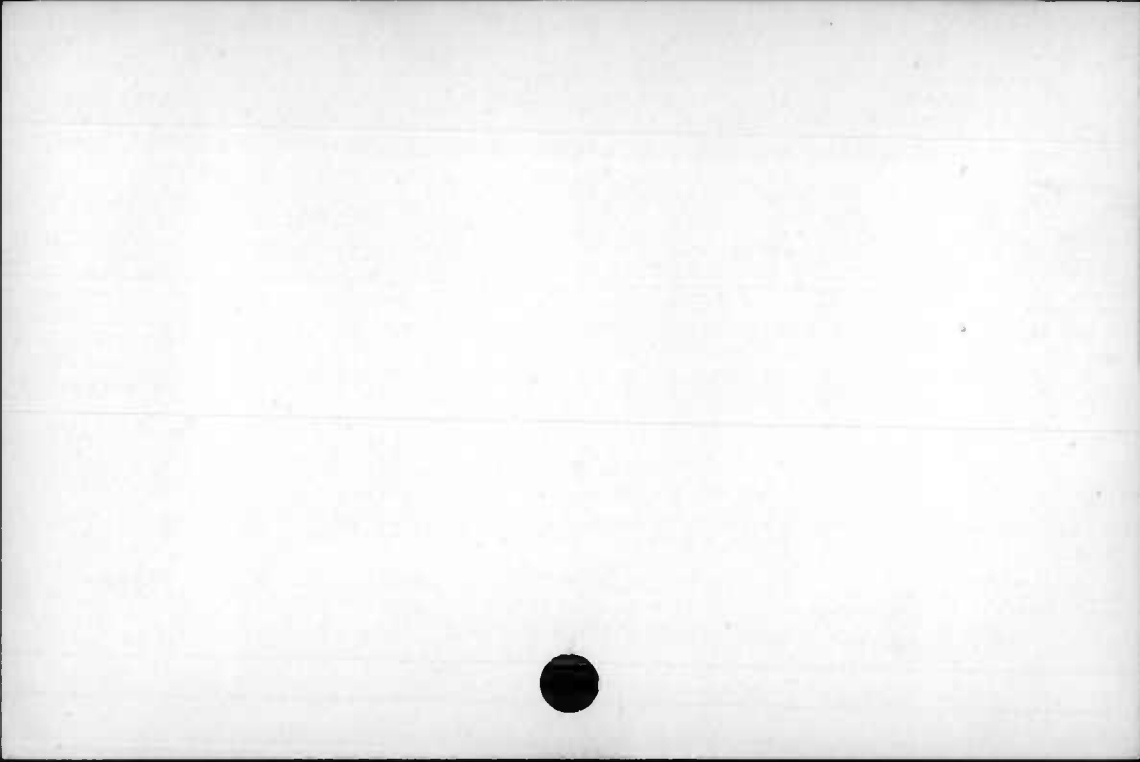
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chicamuxen		County Charles		MARYLAND	
Date of death		Month Aug	Day 21	Age Years		Months 1	Days 18
Sex Male		Color or Race collord		Birth-place Md.			
Occupation none				Where Residing if not at place of death			
Married, Single or Widowed Singled		Name of Wife or Husband none					
Father's Name William Smallwood		Father's Birthplace Chas Co Mo					
Mother's Maiden Name Julian Swann		Mother's Birthplace Chas Co Md					
Name of person giving information Emanuel Minor		How related to deceased none					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(151)	How long	Sick from time
Immediate		How long	- of Birth
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. D. Carpenter, Sub-Reg.	
Address		Pisgah Md.	
Accident or Suicide?		no Physician in attendance	





Name  
in  
Full

William Smallwood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

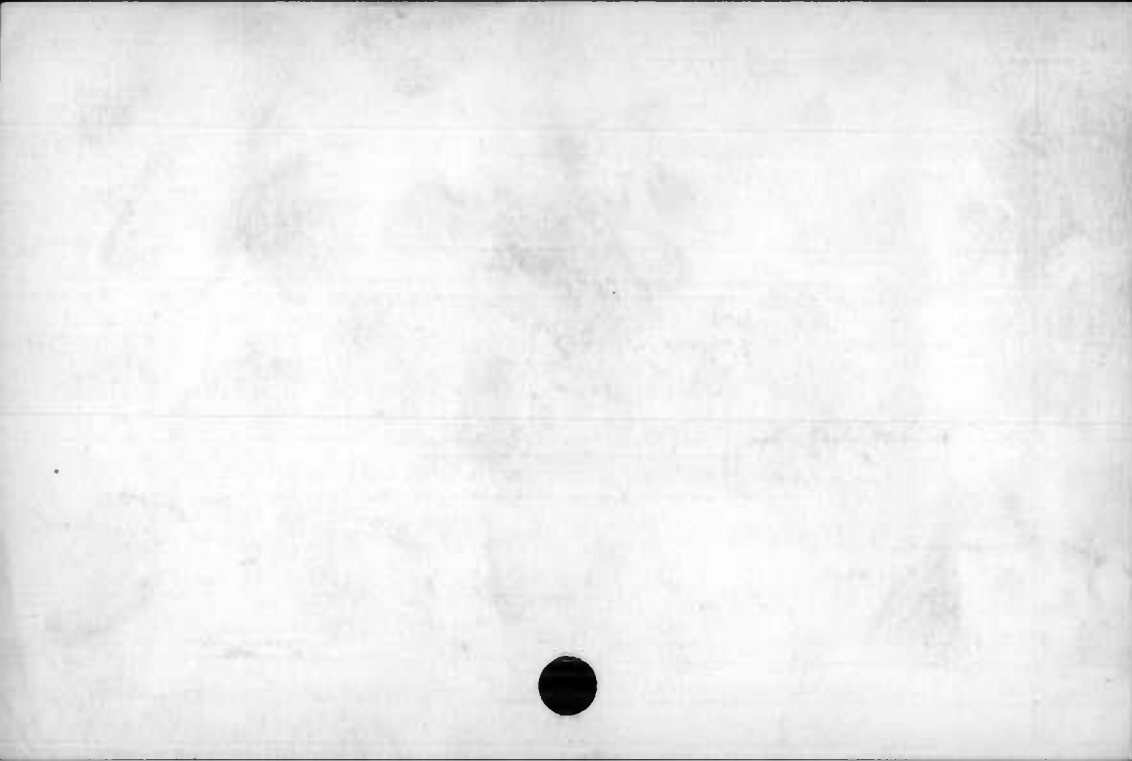
Died at <sup>Town</sup> <i>Near La Plata</i>		<sup>County</sup> <i>Charles</i>		MARYLAND	
Date of death <i>1907 Aug.</i>		Month <i>Aug.</i>	Day <i>19</i>	Age <i>8</i>	Years <i>8</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Washington D.C.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Washington D.C.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Rosie Smallwood</i>		Mother's Birthplace <i>Chas Co. Ind.</i>			
Name of person giving information <i>Walter Watts</i>		How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary Cause <i>unknown no</i>	How long <i>30 days</i>
Immediate <i>doctor in attendance</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>R. Hampton</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>No</i>	<i>Ind.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

*John Lewis Spriggs*  
 Died at *Burkland* <sup>Town</sup> *Charles* <sup>County</sup> *MARYLAND*

Date of death *1907* <sup>Month</sup> *8* <sup>Day</sup> *28* <sup>Years</sup> *24* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *Colored* Birth-place *McConchie*

Occupation *Labour* Where Residing if not at place of death *McConchie*

Married, Single or Widowed *Married* Name of Wife or Husband *Maud Spriggs*

Father's Name *George Spriggs* Father's Birthplace *Port Tobacco*

Mother's Maiden Name *Lizzie Lubman* Mother's Birthplace *Port Tobacco*

Name of person giving information *George Spriggs* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Drowning* *172* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *No physician in attendance*

Address *Robt Hampton Cox*

Accident or Suicide? *Accident* *Int. Rec.*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

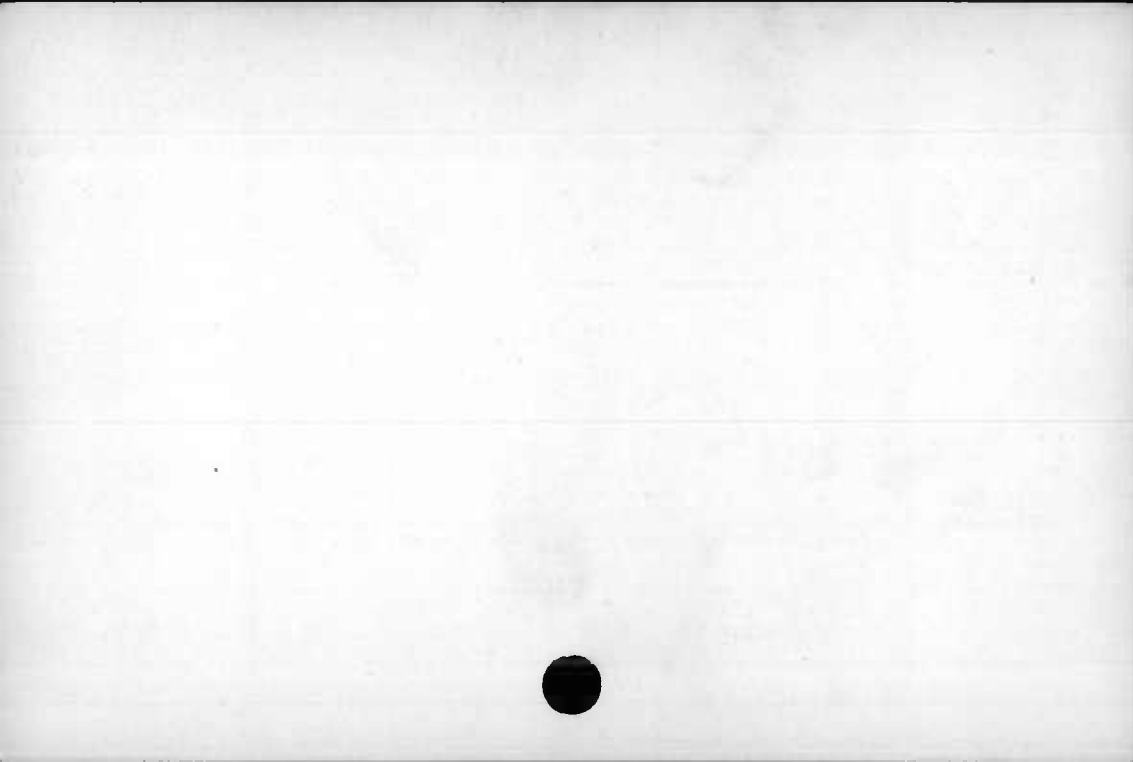
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Rayman Stock's</b>		Town <b>Manassas</b>		County <b>Charles</b>		MARYLAND	
Died at <b>Manassas</b>		Month <b>August</b>		Day <b>22</b>		Age <b>11</b>	
Date of death <b>1905 August 22</b>		Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Manassas, Ind.</b>	
Occupation <b>( )</b>		Where Residing if not at place of death <b>( )</b>					
Married, Single or Widowed <b>( )</b>		Name of Wife or Husband <b>( )</b>					
Father's Name <b>unknown</b>				Father's Birthplace <b>unknown</b>			
Mother's Maiden Name <b>Minnie Stokes</b>				Mother's Birthplace <b>Manassas, Ind.</b>			
Name of person giving information <b>William Franklin</b>				How related to deceased <b>Son</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Spasms</b>	<b>(71)</b>	How long <b>2 or 3 days</b>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>James. W. Wheeler</b>	Address <b>Sub-Registrar</b>
Accident or Suicide? <b>( )</b>		



Name  
in  
Full

Dolly Sophia Swann

2205

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

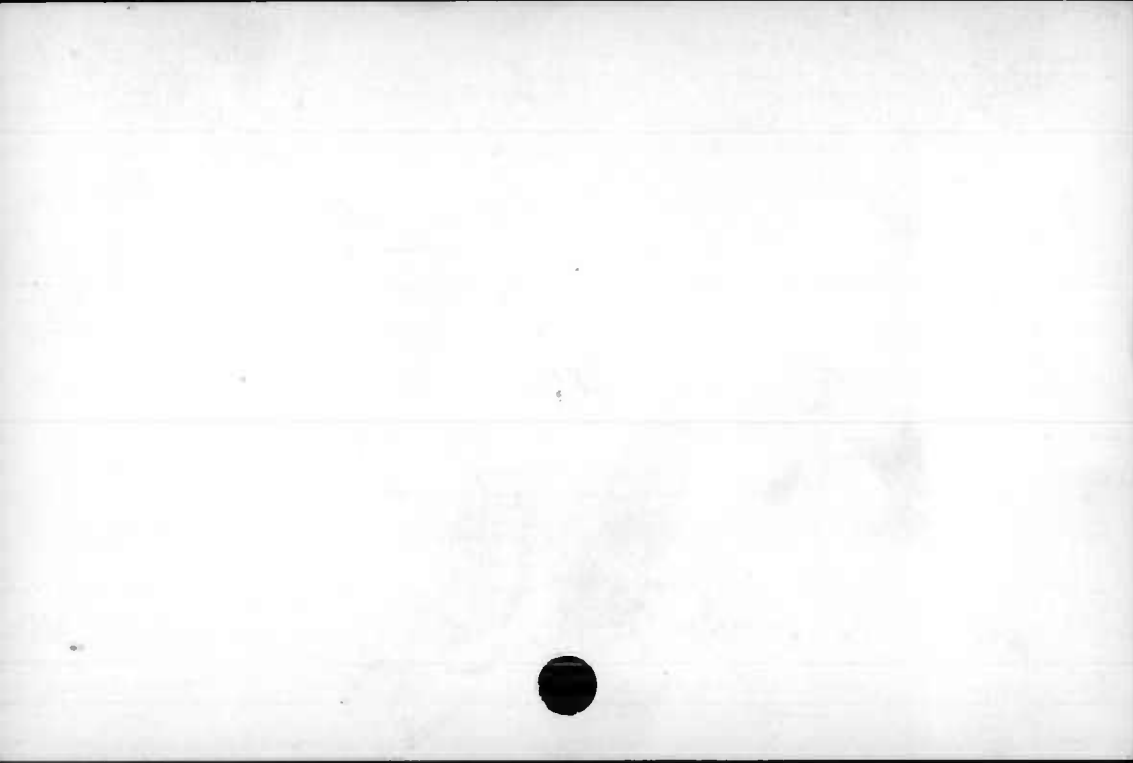
Died at <i>near McConches</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	1907	Month	Aug	Day	8	Age	Years — Months 3 Days —
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Charles Es</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband				
Father's Name	<i>Philip M. Swann Jr</i>					Father's Birthplace	<i>Charles Es</i>
Mother's Maiden Name	<i>Berulah Perry</i>					Mother's Birthplace	<i>Charles Es</i>
Name of person giving information	<i>P. M. Swann Jr</i>					How related to deceased	<i>father</i>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 days</i>
Immediate	<i>exhaustion</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. S. Brown M.D.</i>
		Address	<i>La Plata Md</i>
Accident or Suicide?	<i>no</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

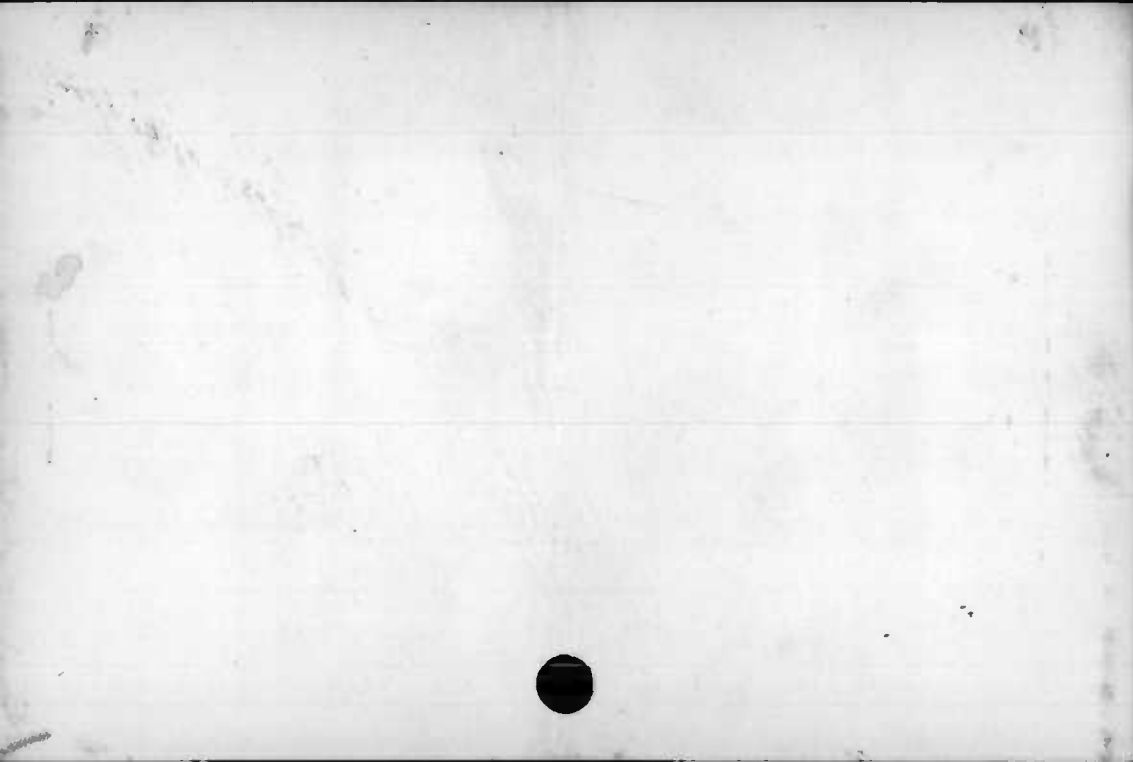
Name in Full <i>Mary Thomas</i>		Town <i>Bowcatter</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Bowcatter</i>							
Date of death <i>1907</i>		Month <i>August</i>		Day <i>11</i>		Age <i>51</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth place <i>Charles Co. Md.</i>		Months Days	
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Benjamin Thomas</i>		Father's Birthplace <i>Charles Co. Md.</i>		Mother's Birthplace <i>_____</i>	
Father's Name <i>Sandy Warren</i>		Mother's Maiden Name <i>Susan Warren</i>		How related to deceased <i>Husband</i>			
Name of person giving information <i>Benjamin Thomas</i>							

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Nephritis, Ac. Articular Rheumatism</i>		How long <i>1 year</i>	
Immediate <i>Uremia, Paralysis</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. C. Bicknell</i>	
		Address <i>Pisgah, Md.</i>	
Accident or Suicide? <i>_____</i>			



Name in Full		Ade Augusta Mills				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Ber Altan</u>		County <u>Charles</u>		MARYLAND			
		Date of death <u>1907</u>		Month <u>Aug</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>1</u>	Days <u>27</u>
		Sex <u>Female</u>		Color or Race <u>Caucasian</u>		Birth-place <u>Charles Co</u>			
		Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>				
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>					
		Father's Name <u>Thomas Wright Mills</u>		Father's Birthplace <u>Charles Co</u>					
		Mother's Maiden Name <u>Maria Alex. Thomas</u>		Mother's Birthplace <u>St Marys</u>					
		Name of person giving information <u>Ade Thomas</u>		How related to deceased <u>Aunt</u>					
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1150</span>									
PHYSICIAN OR CORONER		Primary <u>Hydrocephalus</u>		How long <u>Since birth</u>					
		Immediate <u>Respiratory Muscular Spasm</u>		How long <u>2 min</u>					
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. J. McNamee</u>					
				Address <u>Ber Altan</u>					
		Accident or Suicide? <u>no</u>							

